

2653

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

County Registrar's No. * 274

Place of Birth Sehii County Maricopa No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin <u>Yes</u> or <u>No</u> <u>No</u>	and	Number in order of birth <u>12</u>
DATE OF BIRTH* <u>Oct. 21 1918</u> (Month) (Day) (Year)			
FULL NAME <u>Joseph Charles Woods</u>	FATHER		
FULL MAIDEN NAME <u>Judith Sarapta Ault</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named
James Charles Woods (Give name in full) (Surname)
Judith Sarapta Ault (Parent's Signature)
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

✓ 162-1021-113